

GLOSSARY

Adjudication	A term that refers to the final resolution of a claim or Treatment Authorization Request (TAR) in the Denti-Cal claims processing system.
Adjustment Code	A code specific to a claim service line reflecting the reason for modification or denial.
Amount Billed	The amount the provider has billed for each claim line.
Arch Integrity	There is arch integrity when there are sufficient proximate natural teeth in a restorable condition which would afford the opposing arch adequate or satisfactory occlusion for masticatory function.
Attachments	X-rays or other documentation submitted with a claim, TAR or NOA.
Automated Eligibility Verification System (AEVS)	The on-line system for verifying Medi-Cal patient eligibility for a given month of service.
Balance	<p>A removable partial denture is covered only when necessary for the balance of a complete opposing denture. Balance is considered to be the presence of sufficient occluding posterior teeth to afford satisfactory biomechanical support of a <i>full</i> prosthetic appliance in all excursions of the mandible. A removable partial denture shall be considered necessary for the balance of a complete artificial denture when, in the arch opposite the edentulous area, at least (excluding the third molars unless the third molar is occupying the position of the second molar and is in functional occlusion):</p> <ol style="list-style-type: none"> 1. Four (4) adjacent natural posterior teeth are missing on the same side. 2. Three (3) adjacent natural posterior teeth are missing on the same side if the first bicuspid remains on the same side. 3. All four (4) natural permanent molars are missing. 4. Five (5) posterior permanent teeth are missing.
Beneficiary	A person eligible to receive Medi-Cal benefits. See RECIPIENT.
Benefit	Dental or medical health care services covered by the Medi-Cal program.
Benefits Identification Card (BIC)	A permanent plastic identification card issued to a person certified to receive Medi-Cal benefits. The card identifies the person by name and includes an identification number and signature. The back of the card contains a unique magnetic strip similar to that on a credit card, designed to be used with a special point-of-service device to access the Medi-Cal automated eligibility verification system, enabling the dental office to immediately confirm the patient's eligibility for Medi-Cal benefits at the time of service.
Billing Provider	The dentist who bills or requests authorization for services on the treatment form.
California Children's Services (CCS)	CCS provides diagnostic and treatment services, medical case management, dental services, and physical and occupational therapy services. CCS only authorizes dental services, if such services are necessary to treat the beneficiary's CCS-eligible condition. Examples of medical conditions of children who are CCS-eligible include cystic fibrosis, hemophilia, heart disease, cancer, traumatic injuries, handicapping malocclusion, cleft lip/palate, and craniofacial anomalies.

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CalWORKs	California Work Opportunity and Responsibility to Kids Program (CalWORKs) is California's welfare reform program, implementation provisions of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
Charting	Identifying the missing permanent tooth or teeth on the tooth chart on the claim or TAR.
Child Health and Disability Prevention (CHDP)	A government-funded program that screens children under the age of 19 for potentially handicapping conditions and refers those needing additional services for diagnosis and treatment.
Children's Treatment Program (CTP)	CHDP treatment mandate which provides dental treatment for children under age 19 who meet CHDP eligibility requirements; who are not covered by private health insurance, Medi-Cal without share of cost, California Children Services, or any other publicly funded program; and who reside in specific County Medical Services Program (CMSP) counties. The CTP mandate states that counties which receive Proposition 99 funds for uncompensated care "shall provide, or arrange and pay for, medically necessary follow-up treatment, including necessary follow-up dental services and prescription drugs, for any condition detected as part of a Child Health and Disability Prevention screen for a child eligible for services..." under the CHDP program. The legislation which appropriated funds for this new program allows CMSP counties to contract back with the State of California Department of Health Services to administer their CTP mandate.
Clinical Screening Dentist	A licensed dentist who reviews claims and Treatment Authorization Requests (TARs) at the request of Denti-Cal and provides clinical evaluations as to their merits.
Clinical Screening Reports	Reports submitted by Clinical Screening Dentists who participate in the Medi-Cal dental regional screening network.
Correspondence Reference Number (CRN)	An 11-digit number assigned to each incoming CIF or correspondence that identifies it throughout the processing system.
County Medical Services Program (CMSP)	The County Medical Services Program (CMSP) is a unique county/state partnership formed to provide for the medical and dental care needs of individuals 21-64, residing in California's 34 rural counties.
Document Control Number (DCN)	A unique 11-digit number assigned to each claim or TAR and used to identify the document throughout the processing system.
Explanation of Benefits (EOB)	A statement accompanying each payment to providers that itemizes the payments and explains the adjudication status of the claims.
Genetically Handicapped Person's Program (GHPP)	The GHPP is a State-funded program coordinating care and payment for selected dental services of persons over the age of 21 years with eligible genetic conditions. Eligible conditions include, but are not limited to, hereditary bleeding disorders, cystic fibrosis, and hereditary metabolic disorders.
Global	Treatment performed in conjunction with another procedure which is not payable separately.

Health Insurance Portability and Accountability Act (HIPAA)	Administrative Simplification provisions that will improve and simplify the administrative demands on health care providers. Once implemented nationally, a provider will be able to transmit the same transaction in the same format to any health plan. More cost effective, HIPAA will reduce the need for manual processing in the day-to-day processing of patient account information.
IRCA/OBRA	Legislation for the Medi-Cal Dental Program to pay for specific services provided for certain alien recipients who were previously ineligible for these benefits. The federal Immigration Reform and Control Act of 1986 (IRCA) and the Omnibus Budget Reconciliation Act of 1986, 1989 (OBRA) have extended limited or full-scope dental benefits for newly legalized amnesty aliens and/or undocumented aliens who are otherwise eligible for Medi-Cal but are not permanent U.S. residents under color of law. The services include emergency medical care, emergency dental care, and pregnancy-related services.
Julian Date	Claims received by Denti-Cal are dated using the Julian calendar, in which a number is assigned to a day rather than using the month/day/year format. Julian calendar dates are 001 to 365 (366 for a leap year).
Manual of Criteria for Medi-Cal Authorization (Dental Services)	The document that defines criteria per Title 22, California Code of Regulations (CCR), Section 51003, for the utilization of dental services under the California Medi-Cal Dental Program. It provides parameters to dentists treating Medi-Cal beneficiaries. It sets forth program benefits and clearly defines limitations, exclusions, and special documentation requirements.
Medicaid	A state-option medical assistance program that includes federal matching funds to states to implement a single comprehensive medical care program.
Medi-Cal	California's name for its Medicaid program.
Medically Indigent (MI)	A person previously eligible for Medi-Cal benefits who was not eligible for such benefits under the Public Assistance or Medically Needy program. This means the MI individual did not meet the age criterion for eligibility (age 65 or older) even though he or she may have been deprived, disabled or in medical need. Most services provided under the adult portion of the MI program were 100 percent State funded; some MI individuals were required to share in the cost of services provided them. Under recent legislation, responsibility for medically indigent adults over the age of 21 who are not in long-term care facilities, who are not pregnant and who are not under refugee medical assistance, was transferred to the counties.
Multi-Page Document	A claim, TAR, NOA or RTD with more than one page of services for one recipient.

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Narrative Documentation	<p>A written statement which describes an event, condition or symptom. For example, acceptable documentation to substantiate the need for a restorative procedure would include a tooth letter or number; tooth surface location of decay or lesion; or degree or extent of decay (caries), e.g., "penetration to or through the dento-enamel junction (DEJ)." To facilitate the complete documentation requirement, the following is suggested:</p> <ol style="list-style-type: none">1. Place documentation on a line of service basis. Use ditto marks, brackets or asterisks in the "description of service" space for all additional restorative service lines following the service line which contains documentation.2. As an alternative, write "all decay (lesions, cavities) penetrates to or through the DEJ" under "COMMENTS" (space 34). If you do this, you need not place the statement or use ditto marks on each restorative service line.
Notice of Authorization (NOA)	<p>A computer-generated form sent to providers in response to their request for authorization of services.</p>
Other Coverage	<p>When a Medi-Cal recipient's dental services are also fully or partially covered under other state or federal dental care programs, or under other contractual or legal entitlements, e.g., a private group or individual indemnification program.</p>
Period of Longevity	<p>The period of longevity in dentistry is considered to be the length or duration of acceptable service. Except when special circumstances are documented, the period of longevity for purposes of Denti-Cal is generally considered to be:</p> <ol style="list-style-type: none">1. Twelve (12) months for restorations in primary teeth;2. Twenty-four (24) months for restorations in permanent teeth3. Five (5) years for laboratory-processed crowns4. Five (5) years for custom-made removable dental prostheses5. Twelve (12) months for office (cold cure) or laboratory-processed relines.
Prepaid Health Plan (PHP)	<p>An organized system of health care that provides one or more medical services to an enrolled population for a predetermined capitated rate paid in advance.</p>
Prior Authorization	<p>A request by a provider for Denti-Cal to authorize services before they are performed. Providers receive a Notice of Authorization (NOA) from Denti-Cal, which they use to bill for services after they are performed.</p>
Procedure Code	<p>A code number that identifies specific medical or dental services with allowed amounts listed on the Schedule of Maximum Allowances (SMA).</p>
Provider	<p>An individual dentist, dental group, dental school or dental clinic enrolled in the Medi-Cal program to provide health care and/or dental services to Medi-Cal eligibles.</p>
Provider Manual	<p>A reference guide prepared by Denti-Cal and the Department of Health Services and distributed to all providers enrolled in the California Medi-Cal Dental Program. It contains the criteria for dental services; program benefits and policies; and instructions for completing forms used in the Denti-Cal program.</p>
Provider Master File (PMF)	<p>The file in the Denti-Cal automated system which contains a record of each dentist or dental group enrolled in and certified to provide dental services under the California Medi-Cal Dental Program.</p>

Recipient	A person eligible to receive Medi-Cal benefits. See BENEFICIARY.
Remote Dentures, Complete	A dental prosthesis constructed to replace the complete loss of the natural dentition and associated structures of the maxilla and/or mandible, other than when the prosthesis is inserted immediately following the removal of the remaining natural teeth.
Rendering Provider	The dentist whose services are billed under the billing provider's name and billing provider number. The rendering provider can also be referred to as the "treating provider."
Resubmission Turnaround Document (RTD)	A computer-generated form that Denti-Cal sends to the provider to request missing or additional information needed to complete processing of a claim, TAR or NOA.
Schedule of Maximum Allowances (SMA)	A listing of procedure codes with descriptions and maximum amount allowed for reimbursement of services.
Share of Cost (SOC)	The dollar amount that some Medi-Cal recipients must pay or obligate toward medical services before being certified as eligible for Medi-Cal.
State Recipient Identifier	A 10-digit Medi-Cal beneficiary identifier (Social Security number and "check digit") that appears on the Medi-Cal identification card.
Surface	Refers to portions of teeth to be restored.
Third Party Liability	When a Medi-Cal dental service are also the object of an action involving tort liability of a third party, Worker's Compensation Award, or casualty insurance claim payment.
Title 22 (Division 3, of the California Code of Regulations [CCR])	Contains the rules and regulations governing the Medi-Cal program, define and clarify the provisions of State statute, chiefly the Welfare and Institutions Code.
Tooth Code	A code that identifies each tooth by a number or letter.
Treating Provider	See definition of rendering provider found above.
Treatment Authorization Request (TAR)	The blue form used by a provider when requesting authorization to perform a service. TARs are required for certain services and under special circumstances.
Treatment Plan	A statement of the services to be performed for the patient. Dental history, clinical examination and diagnosis are used as the basis to arrive at a logical plan to eliminate or alleviate the patient's dental symptoms, problems and diseases, and prevent further degenerative changes.
Treatment Series	A treatment series means all care, treatment, or procedures provided to a beneficiary by an individual practitioner on one occasion (one date of service).
Welfare and Institutions (W & I) Code	The State of California code of law that includes Medi-Cal statutes and laws.